

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE BOARD

2010 JAN 19 AM 8:31

COMMITTEE NAME (Must be same as on Statement of Organization)

Rayhons for State Representative

IMPORTANT: Indicate by # type of committee you are reporting for:

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Henry V. Rayhons

Political Party (if applicable)

Republican

Office Sought

State Representative

District (if Senate or House)

11

FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	948
Logged in	
Scanned	
Computer	
Audited	

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 68B.32A(7) the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Henry V. Rayhons

SIGNATURE OF PERSON FILING REPORT

641-923-2979

TELEPHONE

1-10-2010

DATE SIGNED

I AM FILING A

Jan. 19th 2010

REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

(report date)

Indicate by #

1

☐ CHECK IF AMENDMENT TO REPORT DATED

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 785.69

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

1750.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$ 2,535.69

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

\$ 599.55

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 1936.14

**UNPAID BILLS (From Schedule D - Attach Schedule D)

0

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

0

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES X NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

0

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Raylons for State Representative

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(8), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
8/26/09	ID# 6067 CK# 4039	Iowa Health West Des Moines, Ia 50266		\$ 200 ⁰⁰	<input type="checkbox"/>
8/26/09	ID# CK# 3465	Dean Cataldo Garner, Ia 50438		50 ⁰⁰	<input type="checkbox"/>
8/26/09	ID# CK# 2851	Richard allbec Hampton, Ia. 50441		250 ⁰⁰	<input type="checkbox"/>
10/15/09	ID# CK# 3549	William Johnson Box 267 Belmond, Ia. 50421		100 ⁰⁰	<input type="checkbox"/>
10/20/09	ID# 968 CK# 5356	Union Pacific Fund Washington, D.C. 2005		250 ⁰⁰	<input type="checkbox"/>
10/26/09	ID# CK# 3352	Iowa Auto Dealers West Des Moines 50265		100 ⁰⁰	<input type="checkbox"/>
10/31/09	ID# 6058 CK# 4625	Iowa Chiropractors Soc. Des Moines, Ia. 50309		100 ⁰⁰	<input type="checkbox"/>
10/31/09	ID# CK# 6710	Jack Koenen Forest City, Ia. 50436		100 ⁰⁰	<input type="checkbox"/>
10/31/09	ID# CK# 7175	Terry Weidemier Buffalo Center, Ia. 50424		50 ⁰⁰	<input type="checkbox"/>
10/31/09	ID# CK# 11473	James Brockhohn Forest City, Ia. 50436		50 ⁰⁰	<input type="checkbox"/>
11-19-09	CK 140	Peninsula Gaming PAC Dubuque, Ia. 52004		\$ 500 ⁰⁰	<input type="checkbox"/>
TOTAL (If last page of this schedule)				\$ 1750 ⁰⁰	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Rayhons for State Representative

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
1/31/09	ID# CK# 2699	Treas. State-of-Ia.	Capitol Card	\$ 50 ⁰⁰
3/12/09	ID# CK# 2700	Treas. State-of-Ia.	Flags	42 ⁰⁰
3/20/09	ID# CK# 2701	Treas State-of-Ia.	Flags	42 ⁰⁰
3/20/09	ID# CK# 2702	Hancock F. B. Garner, Ia. 50438	Ag. in Classroom don.	50 ⁰⁰
4/2/09	ID# CK# 2703	Treas. State-of-Ia.	Capitol Cards	50.00
4/28/09	ID# CK# 2704	Sam's Des Moines, Ia.	Campaign Candy Parades	223 ⁵⁵
6/25/09	ID# CK# 2706	Northwood Anchor	Adv.	36 ⁰⁰
7/31/09	ID# CK# 2707	U. S. Post Office	Stamps	44 ⁰⁰
10/20/09	CK# 2708	U. S. Post Office	Stamps	\$ 44 ⁰⁰
10/30/09	CK # 2709	Donna Rayhons Garner, Ia. 50438	Labor for Signs	\$ 18 ⁰⁰

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Total \$599.55

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)